

RACIAL DIFFERENCES IN LIFESTYLE: EFFECTS ON INFANT MORTALITY

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Compared to Japan, Spain, Canada, and other post-industrialized countries, the United States has the highest infant mortality rate (IMR) reaching almost 7 infant deaths per 1,000 live births (MacDorman & Mathews, 2008). The rate for African-Americans is 13.63 while the rate for Caucasians is 5.76 and the gap continues to widen (MacDorman & Mathews, 2008). The gap is even wider in Indiana, reaching 18.1 for African-Americans and 6.4 for Caucasians (Rahmanifar, 2008). A few determinants of infant mortality include maternal health, disorders related to short gestation, socioeconomic status, respiratory distress in newborns and inadequate prenatal care. Fetal problems can be associated with preeclampsia, which occurs in at least 5 to 8 percent of pregnant women ("About Preeclampsia", 2008). Preeclampsia is a condition in which hypertension arises in pregnancy and is the cause of at least 15% of premature births in the United States each year and is the leading known cause of premature births ("What is Preeclampsia", 2008). A subsequent current (last five years) literature research will focus gathering information regarding three (3) aspects of preeclampsia in African-American women.: 1) Prevalence in African-American women in the United States during the last three years; 2) Most common reported three (3) effects on African-American fetuses; and 3) Frequency of consequential post-delivery hypertension in African-American women. The purpose of this research is to foster African-American females' awareness of maternal preeclampsic effects and potential impacts on IMR.